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PTO/SB/22 (04-07) Approved for use through 09/30/2007. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB controllnumber.					
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Docket Number (Optional) 41557-199752		
Application N	lumber	10/734,597-Conf. #1464	Filed	December 15, 2003	

FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			41557-199752			
Application Number 10/734,597-Conf. #1464			Filed De	cember 15, 2003		
For SOLID STATE IMAGER ARRANGEMENTS						
Art Unit	2622		Examiner	W. M. Negron		
identifie	a request under the provisions of 37 CFR 1.136(d application.		_			
The rec	uested extension and fee are as follows (check	time period desi	red and enter the ap	opropriate fee below):		
	X One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ <u>120.00</u>		
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$		
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$		
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$		
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor.						
_	assignee of record of the entire in Statement under 37 CFR 3.73 attorney or agent of record. Reging attorney or agent under 37 CFR Registration number if acting under Signature	3(b) is enclosed stration Numbe 1.34.	. (Form PTO/SB/96			
	Jeffri A. Kaminski Typed or printed name	(202) 344-4000 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted.						
<u> </u>						

08/06/2007 JADDO1 03000131 220261 10734597 120.00 DA 01 FC:1251

PTO/SB/17 (07-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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ETT A PARTOON			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num					
FEE TRANSMITTAL			Filing Date		December 15, 2003			
	For FY 2	007		First Named Inv	entor	Peter J. Poole		
				Examiner Name W. M. Negron				
Applicant	claims small entity sta	T		Art Unit		2622	-	
TOTAL AMOUNT	OF PAYMENT	(\$) 120.00		Attorney Docket No. 41557-199752				
METHOD OF	PAYMENT (check	all that apply)						
Check	Credit Card	Money Order	Non	e Other (please ident	ify):		
x Deposit Ac	Count Deposit Account	Number: 22-0	 261	Deposit /	Account Nam	ne: Ven	able LLP	,
For the	above-identified dep	osit account, the Dir	ector is	hereby authorize	ed to: (che	eck all that apply)		
x CI	arge fee(s) indicate	d below		Charge	e fee(s) in	ndicated below, ex	cept for t	ne filing fee
	arge any additional e(s) under 37 CFR 1	fee(s) or underpaym	nents of	x Credit	any over	payments		
FEE CALCUL	· · · · · · · · · · · · · · · · · · ·	.10 and 1.17						
		XAMINATION FEE	s					
		ILING FEES		ARCH FEES	EXAMI	NATION FEES		
Amuliantian To	Fr. //	Small Entity	F (#	Small Entity	E (6)	Small Entity	Easa I	Cold (\$)
Application Ty	<u>rpe</u> <u>Fee (</u> 300		Fee (\$	Fee (\$) 250	Fee (\$) 200	Fee (\$) 100	<u>rees i</u>	Pald (\$)
Utility			100		130			
Design	200	7.7.		50		65		
Plant	200		300	150	160	80		
Reissue	300		500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLA	IM FEES						Fee (\$)	Small Entity Fee (\$)
Each claim over	20 (including Reis	sues)					50	25
Each independe	nt claim over 3 (inc	luding Reissues)					200	100
Multiple depend	lent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	N	fultiple Depende	nt Claims	
	20 = per of total claims paid fo	x =			<u>F</u>	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	<u> </u>
Indep. Claims	Extra Claims	Fee (\$)	Fee F	aid (\$)		 -		-
	- 3 =	x =	1001	aid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY Periotetian No.								
Signature	1 JAMI	WV		Registration No. (Attorney/Agent)	42,709	Telephone	(202) 34	4-4000
Name (Print/Type)	A Kaminsk	i				Date 8/	3/09	/